MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/767152   FILING DATE

APPLICANT(S)

3/22/07

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2				/			52						
3				/			53						
4			/				54						
5				/			55						
6				/			56						
7				/			57						
8				/			58						
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10							60						
11				/			61						
12				/			62						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.			11				TOTAL DEP.						
TOTAL CLAIMS			16				TOTAL CLAIMS						